

Application for Contract Approval

DGC-APP.030 (Rev 09/03)



California Department of Justice
 Division of Gambling Control
 Attn: Proposition Player Svcs Unit
 P.O. Box 168024
 Sacramento, CA 95816-8024
 (916) 263-3408 / (916) 263-5572 facsimile

UPS/EXPRESS DELIVERIES TO BE SENT TO:

DIVISION OF GAMBLING CONTROL
ATTN: PROPOSITION PLAYER SVCS UNIT
1425 RIVER PARK DRIVE, SUITE 400
SACRAMENTO, CA 95815

APPLICATION FOR CONTRACT APPROVAL
PROVIDER OF PROPOSITION PLAYER SERVICES

Instructions: Type or print legibly in ink an answer to every question. If a question does not apply to you, indicate with "N/A." If the space available is insufficient, use a separate sheet and precede each answer with the applicable section and question number. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Any corrections, changes, or other alterations must be initialed and dated by the Owner of the Provider of Proposition Player Services (Provider).

Attach additional sheet(s), if necessary.1. INDICATE THE TYPE OF REQUEST (*check one*)NEW CONTRACT: ☐CONTRACT AMENDMENT: ☐EXPEDITED CONTRACT: ☐2. FULL NAME OF PRIMARY OWNER (*business entity or individual*)3. TELEPHONE NUMBER
()4. MAILING ADDRESS (*street, city, state, zip code*)5. FAX NUMBER
()

6. E-MAIL ADDRESS

7. WEBSITE ADDRESS

8. FULL NAME OF GAMBLING ESTABLISHMENT NAMED AS A PARTY TO THE CONTRACT

9. ADDRESS OF GAMBLING ESTABLISHMENT (*physical location - street, city, state, zip code*)10. IDENTIFY THE LEGAL BUSINESS STRUCTURE OF THE PRIMARY OWNER (*check all that apply*)
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☐

Sole Proprietorship

Corporation

Publicly Traded Corporation

☐
☐
☐

Limited Partnership

General Partnership

Limited Liability Company

☐
☐
☐

Limited Liability Partnership

Parent

Subsidiary

☐

Other

11. LIST THE NAME AND ADDRESS (*physical location - street, city, state, zip code*) OF ANY OTHER GAMBLING ESTABLISHMENTS TO WHICH THIS PRIMARY OWNER PROVIDES PROPOSITION PLAYERS.**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

PRINTED NAME OF PRIMARY OWNER/DESIGNEE

SIGNATURE OF PRIMARY OWNER/DESIGNEE

DATE